

**NOTICE OF PRIVACY
POLICIES AND PRACTICES**

FOR

**GREENVILLE DERMATOLOGY, LLC
317 St. Francis Drive Suite 210
Greenville, SC 29601-3990
Phone: 864-2425872**

DEAR PATIENT:

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At **Greenville Dermatology LLC**, We are committed to treating and using protected health information about you responsibly. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal guidelines.

Each time you visit **Greenville Dermatology LLC**, a record of your visit is made. This contains information about your visit including your examination, diagnosis, test results, treatment, as well as other pertinent health care data. This information serves as a basis for planning your care and treatment, means of communicating with other health professionals involved in your care, legal documents describing the care you received, filing and collecting from your insurance carrier, education, medical research, public health and marketing. This information is used to ensure the highest quality of care and patient satisfaction.

Greenville Dermatology LLC may use the telephone(home, work or any contact numbers given to our office by patient/patient representative), fax machine, email, cell phone, or United States Mail for the following reasons: appointment reminders, lab or any other test results, insurance and account information, treatment plans or any other information pertaining to your health care. If you do not approve of these methods, or, if you prefer alternative methods, please inform the practice. Due to the nature of our field we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

Continued:

Greenville Dermatology LLC is required to maintain the privacy of your health information, provide you with this Notice as to our legal duties and private practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction or accommodate reasonable requests you may have regarding communication of health information via alternative means and locations.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next visit. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization from the patient or the patient representative.

You have certain rights under the federal privacy standards. These include the right to request restrictions on the use and disclosure of your protected health information, the right to receive confidential communications concerning your medical condition and treatment, the right to inspect and copy your protected health information, the right to amend or submit corrections to your protected health information, the right to receive an accounting of how and to whom your protected health information has been disclosed and a right to receive a printed copy of this notice.

If you have any questions, complaints or would like additional information regarding this notice or the privacy practices of **Greenville Dermatology LLC**, you may contact our designated privacy official located in our office.

Written Acknowledgment of Patient or Personal Representative of Patient:

Signature of Patient/Personal Representative of Patient

Date: _____